



**Reporting Site Name:**

**Contact Person:**

**Phone #:**

## Chemical Exposure Supplemental Information

1) **Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_

2) **Location of incident:** (if at home, use "Private Residence" for the name)

**Name:**

**Street Address:**

**City, State, Zip:**

**Telephone number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3) **Type of place where exposure occurred:** (workplace, place of business, home, school)

4) **Chemical(s) involved:** (if a trade name product, list active chemical ingredients if known)

5) **Patient(s) info** (sex, age, symptoms, treated/released or admitted)

Patient	Sex	Age	Treated and released (TR) Admitted (A) Death (D)	Symptoms	Time of Arrival (24 hr format)	Time Released (24 hr format)	Patient Category (see instructions)
1			T/R A D				
2			T/R A D				
3			T/R A D				
4			T/R A D				
5			T/R A D				
6			T/R A D				
7			T/R A D				
8			T/R A D				

(Use additional pages for more than 8 patients)

6) **Brief description of what caused the chemical exposure and symptoms:**